Schedule E)	FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
Workers' Voice						
	C C00484287					
Check if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y					
Full Name of Payee	Date of Public Distribution/Dissemination					
COMMITTÉE ON LETTER CARRIERS POLITICAL EDUCATION	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address 100 Indiana Avenue, N.W.	Amount					
City.	204.50					
City State Zip Code Washington DC 20001	304.59 Transaction ID : D552929					
	Date of Disbursement or Obligation					
Purpose of Expenditure InKind Staff Category/ Type 001	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Name of Federal Candidate Support Office	Sought: House District: 00					
MARK E UDALL Oppose	President State: CO					
Calendar Year-To-Date Per Election for Office Sought Disbut 291421.04 Disbut 2014	ursement For: Primary					
Full Name of Payee	Date of Public Distribution/Dissemination					
INT'L. ASSOCIATIÓN OF BRIDGE STRUCTURAL ORNAMENTAL & REINFORCING IRON WORKERS (IPAL)						
Mailing Address 1750 New York Ave. NW	10 19 2014					
Suite 400	Amount					
City State Zip Code	154.38					
Washington DC 20006	Transaction ID : D552936 Date of Disbursement or Obligation					
Purpose of Expenditure Category/ Category/	M M / D D / Y Y Y Y					
InKind Staff 001 Type 001	10 19 2014					
Name of Federal Candidate Support Office	e Sought: X House District: 02					
GWEN GRAHAM Oppose	President Senate State: FL					
Calendar Year-To-Date Disbu	ursement For: Primary X General					
Per Election for Office Sought 1293.72 2014	Other (specify)					
(a) SUBTOTAL of Itemized Independent Expenditures	458.97					
	7 7 7					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
24.0	0 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Signature						

Schedule E)	IVI EXI END	HONES		PAGE 2 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report 48-hour report	New rep	port Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
Grassroots Solutions			M	10 19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2828 University Avenue SE, #15	0		Amou	nt
City	State	Zip Code	- [1476.11
Minneapolis	MN	55414		action ID : D552938 of Disbursement or Obligation
Purpose of Expenditure Canvassers		Category/ Type 001		10 19 / 2014
Name of Federal Candidate		X Support	Office Sough	t: House District: 00
GARY PETERS		Oppose	Preside	ent State: MI
Calendar Year-To-Date Per Election for Office Sought		123341.59	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
Full Name of Payee			Date	of Public Distribution/Dissemination
Grassroots Solutions			The state of the s	10 / 19 / 2014
Mailing Address 2828 University Avenue SE, #	150		Amou	nt
City	State	Zip Code		1476.11
Minneapolis	MN	55414		oction ID: D552940 of Disbursement or Obligation
Purpose of Expenditure Canvassers		Category/ Type 001	N	10 / 19 / 2014
Name of Federal Candidate		Support	Office Sough	it: House District: 00
TERRI LYNN LAND		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · · ·	123341.59	Disbursemen 2014 C	ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		. [2952.22
				7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· •	42 1 42 1 42 1
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	10	20 2014
Olynatul C				

Schedule E)	FAGE 3 01 21 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Workers' Voice	C C00484287			
	O cooper			
Check if 24-hour report 48-hour report Ne	ew report Amends report filed on Amends report			
Full Name of Payee Florida AFL-CIO General Fund	Date of Public Distribution/Dissemination 10 19 2014			
Mailing Address c/o Mike Williams	10 19 2014			
135 S. Monroe Street	Amount			
City State	Zip Code 46.70			
Tallahassee FL	32301 Transaction ID : D552942 Date of Disbursement or Obligation			
Purpose of Expenditure InKind Staff	Category/ Type 001 10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	Support Office Sought: House District: 02			
GWEN GRAHAM	Oppose President Senate State: FL			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
Full Name of Payee	Date of Public Distribution/Dissemination			
UNITE HERE Local 24	10 19 2014			
Mailing Address 300 River Place Drive Suite 2700	Amount			
City State	Zip Code 51.68			
Detroit MI	48207 Transaction ID : D552947 Date of Disbursement or Obligation			
Purpose of Expenditure InKind Staff	Category/ Type 001 10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	Support Office Sought: House District: 00			
GARY PETERS	Oppose President X Senate State: MI			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	98.38			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	•			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Elizabeth H Shuler [Elizabeth Signature]	lectronically Filed] Date 10 20 2014			
g., w.c., v				

Schedule E)	PAGE 4 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if X 24-hour report 48-hour report New report Ame	ends report filed on
Full Name of Payee UNITE HERE Local 24	Date of Public Distribution/Dissemination 10 19 2014
Mailing Address 300 River Place Drive Suite 2700	Amount
City State Zip Code Detroit MI 48207	51.68 Transaction ID : D552948
Purpose of Expenditure Category/ InKind Staff	Date of Disbursement or Obligation 001 19 2014
TERRITORIA	upport Office Sought: House District: 00
Calendar Year-To-Date	ppose President Senate State: MI Disbursement For: Primary General
Per Election for Office Sought 123341.59	2014 Other (specify) ▶
Full Name of Payee Voices of the American Federation of Government Employe Mailing Address 80 F Street, NW	Pate of Public Distribution/Dissemination 10 19 2014 Amount
City State Zip Code	1.58
Washington DC 20001	Transaction ID : D552954 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type	002
	upport Office Sought: House District: 06 ppose President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures	53.26
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	•
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee o party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Signature	Date 10 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 9	

Schedule E)	INDENT EXICID	ITOTIES		PAGE 5 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Workers' Voice			С	C00484287
Check if 24-hour report 48-hour re	port New rep	ort Amends repo	rt filed on	/ D D / Y Y Y Y Y
Full Name of Payee Voices of the American Fede	ration of Governn	nent Employees		ic Distribution/Dissemination
Mailing Address 80 F Street, NW			Amount	10 2014
City	State	Zip Code		123.74
Washington	DC	20001		ID: D552958 ursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10	19 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
TERRI LYNN LAND		X Oppose		Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		123341.59	Disbursement For: 2014 Other (s	Primary ⊠ General pecify) ►
Full Name of Payee Voices of the American Federa	tion of Governmen	t Employees	Date of Publ	ic Distribution/Dissemination
Mailing Address 80 F Street, NW			Amount	19 2014
City	State	Zip Code		123.74
Washington	DC	20001	Transaction I Date of Disb	D: D552963 ursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10	19 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 00
GARY PETERS		Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		123341.59	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Ex	penditures			247.48
(b) SUBTOTAL of Unitemized Independent	Expenditures			
.,	·			4
(c) TOTAL Independent Expenditures			>	Agr. Agr.
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Elizabeth H Shuler Signature	[Electron	ically Filed] Date	10 / 20	2014
- griataro				

Schedule E)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PAGE 6 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report 48-hour report New report	Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee Voices of the American Federation of Governmen	nt Employees	Date of Public Distribution/Dissemination
Mailing Address 80 F Street, NW		10 19 2014 Amount
City State Zip	Code	180.00
	001	Transaction ID : D552968 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel	ategory/ Type 002	10 19 2014
Name of Federal Candidate	Support Office	ee Sought: House District: 00
ALISON LUNDERGAN GRIMES	Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 1295	Disb 2014	ursement For: Primary
Voices of the American Federation of Government En Mailing Address 80 F Street, NW	mployees 	10 19 / 2014 Amount
City State Zip	Code	0.35
	0001	Transaction ID : D552971 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel	ategory/ Type 002	10 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	ce Sought: House District: 00
CORY GARDNER	X Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 2	Disb 291421.04	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	>	180.35
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures repwith, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electronical]	ly Filed] Date	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	IONEO	PAGE 7 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if X 24-hour report 48-hour report New report	rt Amends repor	t filed on D D / Y Y Y Y Y Y
Full Name of Payee Voices of the American Federation of Government	ent Employees	Date of Public Distribution/Dissemination
Mailing Address 80 F Street, NW		Amount
City State 2	Zip Code	161.04
Washington DC	20001	Transaction ID : D552972 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	10 19 / 2014
Name of Federal Candidate	X Support	Office Sought: House District: 00
MARK E UDALL	Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	01421.04	Disbursement For: Primary
Full Name of Payee Voices of the American Federation of Government Mailing Address 80 F Street, NW	Employees	Date of Public Distribution/Dissemination 10 19 2014 Amount
City State 2	Zip Code	104.27
Washington DC	20001	Transaction ID : D552973 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:00
MARK E UDALL	Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	291421.04	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		265.31
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditures r with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electronic	cally Filed] Date	10 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۷	orkers' Voice	C C00484287
Che	eck if Z 24-hour report 48-hour report New report Amends report filed of	on
T	Full Name of Payee	Date of Public Distribution/Dissemination
	Voices of the American Federation of Government Employees	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 80 F Street, NW	Amount
ŀ	City State Zip Code	180.00
	Washington DC 20001	Transaction ID : D552974 Date of Disbursement or Obligation
	Purpose of Expenditure Inkind Staff Travel Category/ Type 002	10 19 / 2014
Ì	Name of Federal Candidate Support Office	Sought: House District:00
	MITCH MCCONNELL Oppose	President State: KY
	Calendar Year-To-Date Per Election for Office Sought Disbur 2014	sement For: Primary
	Full Name of Payee AFSCME Special Account	Date of Public Distribution/Dissemination
	Mailing Address 1625 L Street, NW	Amount
ľ	City State Zip Code	98.34
		Transaction ID : D552985 Date of Disbursement or Obligation
	Purpose of Expenditure Inkind Staff Travel Category/ Type 002	10 19 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	MARK BEGICH Oppose	President Senate State: AK
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	sement For:
((a) SUBTOTAL of Itemized Independent Expenditures	278.34
((b) SUBTOTAL of Unitemized Independent Expenditures	
((c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Elizabeth H Shuler [Electronically Filed] Date 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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Schedule E)		PAGE 9 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FE	C IDENTIFICATION NUMBER ▼
Workers' Voice	C	
Check if 24-hour report 48-hour report New report Am	ends report filed on	/ D = D / Y = Y = Y
Full Name of Payee AFSCME Special Account		
Mailing Address 1625 L Street, NW	10 Amount	19 2014
City State Zip Code		52.74
Washington DC 20036		on ID : D552986 isbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type	001 10 ^M	19 / 2014
Name of Federal Candidate	Support Office Sought:	House District:00
CARVIDETERS	Oppose President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 123341.59	Disbursement For 2014 Other	or:
Full Name of Payee	Date of F	Public Distribution/Dissemination
AFSCME Special Account	10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1625 L Street, NW	Amount	
City State Zip Code		52.74
Washington DC 20036		on ID: D552987 Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type	001 10	19 / 2014
Name of Federal Candidate	Support Office Sought:	House District:00
TERRITORINA	Oppose President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 123341.5	Disbursement For 2014 Other	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		105.48
		7 1 7 1 7 1
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7
(c) TOTAL Independent Expenditures	······	4
Under penalty of perjury I certify that the independent expenditures reported he with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electronically Filed]		20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	1 6/11 6112.			PAGE 10 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report 48-hour report	New repo	oort Amends repo	ort filed on	M / D D / Y = Y = Y
Full Name of Payee			Date o	f Public Distribution/Dissemination
AFL-CIO			M	10 19 2014
Mailing Address 815 - 16th Street, NW			Amoun	t
City	State	Zip Code		5.37
Washington	DC	20006		action ID : D552990 f Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004		10 19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought	: House District: 00
MARK BEGICH		Oppose	Preside	nt Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		414567.18	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
Full Name of Payee			Date o	f Public Distribution/Dissemination
AFL-CIO				10 19 2014
Mailing Address 815 - 16th Street, NW			Amour	للنبا لنا ك
City	State	Zip Code		2.98
Washington	DC	20006		ction ID : D552991 f Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	М	10 19 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
MARK E UDALL		Oppose	Preside	nt Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	7	291421.04	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es			8.35
(b) SUBTOTAL of Unitemized Independent Expendi	tures		•	
				7 7 7
(c) TOTAL Independent Expenditures			·	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	e 10 /	20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

Schedule E)		PAGE 11 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee AFL-CIO	D	ate of Public Distribution/Dissemination
		10 19 / 2014
Mailing Address 815 - 16th Street, NW	A	mount
City State Zip	o Code	5.37
	0006 Ti	ransaction ID : D553005 late of Disbursement or Obligation
Purpose of Expenditure Walk Packets	Category/ Type 004	10 19 2014
Name of Federal Candidate	Support Office So	ought: X House District: 02
GWEN GRAHAM		esident Senate State: FL
Calendar Year-To-Date	Disburse 293.72 2014	ement For: Primary X General
Per Election for Office Sought	293.72	Other (specify) ▶
Full Name of Payee AFL-CIO	D	Date of Public Distribution/Dissemination
Mailing Address		10 19 2014
Mailing Address 815 - 16th Street, NW	A	mount
City State Zip	p Code	7.86
Washington DC 20		ansaction ID: D553006 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets	Category/ Type 004	10 19 2014
Name of Federal Candidate	Support Office Se	ought: House District: 00
GARY PETERS		resident State: MI
Calendar Year-To-Date Per Election for Office Sought	123341.59 Disburse 2014	ement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	······	13.23
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures repwith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electronical	lly Filed] Date 10	20 2014
Signature	24.0	

Schedule E)		1101.20		PAGE 12 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			1	FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
AFL-CIO			M	10 19 / 2014
Mailing Address 815 - 16th Street, NW			Amoun	t
City	State	Zip Code		7.86
Washington	DC	20006		ction ID : D553007 f Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004		10 19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
TERRI LYNN LAND		X Oppose	Presider	NAI NAI
Calendar Year-To-Date Per Election for Office Sought	, , ,	123341.59	Disbursement 2014 Oth	For: Primary
Full Name of Payee			Date o	f Public Distribution/Dissemination
AFT Solidarity 527				M / D D / Y Y Y Y
Mailing Address 555 New Jersey Ave N W				10 19 2014
555 New Jersey Ave. N.W.			Amoun	t
City	State	Zip Code		134.66
Washington	DC	20001		tion ID: D553010 f Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001		10 19 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
TERRI LYNN LAND		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	123341.59	Disbursement 2014 Ot	For: Primary X General her (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	es		▶	142.52
(b) SUBTOTAL of Unitemized Independent Expendent	tures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	e 10	20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

Schedule E)	INT EXI END	TIONES		PAGE 13 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee AFT Solidarity 527			M = M	lic Distribution/Dissemination
Mailing Address 555 New Jersey Ave. N.W.			Amount	19 2014
Cit.	Ctata	Zin Cada		424.00
City Washington	State DC	Zip Code 20001		134.66 ID: D553011 pursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	M M M	19 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
GARY PETERS		Oppose		Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	123341.59	Disbursement For: 2014 Other (s	Primary ⊠ General
Full Name of Payee AFT Solidarity 527			M = M	lic Distribution/Dissemination
Mailing Address 555 New Jersey Ave. N.W.			Amount	19 2014
City	State	Zip Code		275.09
Washington	DC	20001	Transaction Date of Disk	
Purpose of Expenditure InKind Staff		Category/ Type 001	10 ^M	19 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 00
MARK BEGICH		Oppose		Senate State: AK
Calendar Year-To-Date Per Election for Office Sought	, ,	414567.18	Disbursement For: 2014 Other (s	Primary X General Specify) ►
(a) SUBTOTAL of Itemized Independent Expendit	ures			409.75
(b) SUBTOTAL of Unitemized Independent Expen	ditures			
				4 4
(c) TOTAL Independent Expenditures			·	4 4
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorize			
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	10 20	2014
Olynatul C				

Schedule E)	DENT EXILE	DITORLO	PAGE 14 OF 21 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼		
Workers' Voice			C C00484287		
Check if 🔀 24-hour report 🗌 48-hour repor	t New re	eport Amends repo	rt filed on		
Full Name of Payee UFCW Int'l Union Working Fam	nilies Advocac	y Project	Date of Public Distribution/Dissemination		
Mailing Address 1775 K Street, NW			Amount		
City	State	Zip Code	99.27		
Washington	DC	20006-1598	Transaction ID : D553020 Date of Disbursement or Obligation		
Purpose of Expenditure InKind Staff		Category/ Type 001	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought: House District:00		
TERRI LYNN LAND		X Oppose	President Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought	, , , ,	123341.59	Disbursement For:		
Full Name of Payee UFCW Int'l Union Working Families Advocacy Project Date of Public Distribution/Dissemination					
Mailing Address 1775 K Street, NW			10 19 2014 Amount		
City	State	Zip Code	99.27		
Washington	DC	20006-1598	Transaction ID : D553024 Date of Disbursement or Obligation		
Purpose of Expenditure InKind Staff		Category/ Type 001	10 D D D Z 2014		
Name of Federal Candidate		X Support	Office Sought: House District: 00		
GARY PETERS		Oppose	President Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought		123341.59	Disbursement For: Primary General 2014 General Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Exper	nditures		198.54		
(b) SUBTOTAL of Unitemized Independent Ex	penditures				
			4 4		
(c) TOTAL Independent Expenditures			>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Elizabeth H Shuler Signature	[Electr	onically Filed] Date	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signaturo					

Schedule E)	PAGE 15 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if X 24-hour report 48-hour report New report Amends report fi	iled on D D / Y Y Y Y Y
Full Name of Payee AFT Michigan General Fund	Date of Public Distribution/Dissemination
Mailing Address 2342 Industrial St.	10 19 2014 Amount
	Allouit
City State Zip Code	35.98
Grayling MI 49738	Transaction ID : D553030 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	10 19 / 2014
Name of Federal Candidate Support O	ffice Sought: House District:00
TERRI LYNN LAND Oppose	President State: MI
Calcinati Total To Bato	isbursement For: Primary ⊠ General 114
Full Name of Payee	Date of Public Distribution/Dissemination
AFT Michigan General Fund	10 19 / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y
Mailing Address 2342 Industrial St.	Amount
City State Zip Code	35.98
Grayling MI 49738	Transaction ID : D553031 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	10 D D Z 2014
Name of Federal Candidate Support O	ffice Sought: House District:00
GARY PETERS Oppose	President State: MI
	isbursement For: Primary General 014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	71.96
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of ei party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Oignatule	

Schedule E)	PAGE 16 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if X 24-hour report 48-hour report New report Ame	ends report filed on
Full Name of Payee Retail, Wholesale and Department Store Union International Treasury	Account Date of Public Distribution/Dissemination 10 19 2014
Mailing Address 30 E29th St.	Amount
City State Zip Code	32.16
New York NY 10016	Transaction ID : D553033 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type	001 10 19 / 2014
Name of Federal Candidate	upport Office Sought: House District: 00
CARVIDETERS	ppose President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 123341.59	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Retail, Wholesale and Department Store Union International Treasur	y Account Date of Public Distribution/Dissemination 10 Date of Public Distribution/Dissemination
Mailing Address 30 E29th St.	Amount
City State Zip Code	32.16
New York NY 10016	Transaction ID : D553034 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type	001 10 19 7 2014
Name of Federal Candidate	upport Office Sought: House District: 00
TERRI LYNN LAND	ppose President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 123341.59	Disbursement For: Primary General 2014 Gher (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	64.32
(b) SUBTOTAL of Unitemized Independent Expenditures	······
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Signature	Date 10 20 / 2014

Sc	hedule E)	LIND			PAGE 17 OF 21 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	orkers' Voice				C C00484287
Che	eck if 24-hour report 48-hour report	New repo	oort Amends repo	ort filed o	on Man / Dad / Yayayay
	Full Name of Payee AFSCME Florida Special Account				Date of Public Distribution/Dissemination
ŀ	Mailing Address 1625 L Street, NW				10 19 2014 Amount
ŀ	City State		Zip Code		2.33
	Washington DC		20036		Transaction ID : D553037 Date of Disbursement or Obligation
	Purpose of Expenditure Inkind Staff Travel		Category/ Type 002		10 19 2014
ı	Name of Federal Candidate		Support	Office S	Sought: House District: 02
	GWEN GRAHAM		Oppose		President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought		1293.72	Disburs 2014	sement For: Primary X General Other (specify) ▶
	Full Name of Payee AFSCME for Michigan				Date of Public Distribution/Dissemination
-	Mailing Address 1625 L Street, NW				10 19 2014 Amount
ŀ	City State		Zip Code		5.02
	Washington DC		20036		Fransaction ID : D553046 Date of Disbursement or Obligation
	Purpose of Expenditure Inkind Staff Travel		Category/ Type 002		10 19 / 2014
	Name of Federal Candidate		Support	Office S	Sought: House District: 00
	TERRI LYNN LAND		Oppose	F	President State: MI
	Calendar Year-To-Date Per Election for Office Sought		123341.59	Disburs 2014	sement For: Primary X General Other (specify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures				7.35
((b) SUBTOTAL of Unitemized Independent Expenditures			, [
((c) TOTAL Independent Expenditures			· •	
W	Under penalty of perjury I certify that the independent experience vith, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.				
	Ms. Elizabeth H Shuler [.	[Electron	nically Filed] Date	m 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		_		

Schedule E)	IDENT EXTEND	TIOTILO	PAGE 18 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report 48-hour repo	rrt New rep	port Amends repo	rt filed on
Full Name of Payee AFSCME for Michigan			Date of Public Distribution/Dissemination
Mailing Address 1625 L Street, NW			10 19 2014 Amount
City Washington	State DC	Zip Code 20036	304.54 Transaction ID : D553048
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	Date of Disbursement or Obligation 10 19 2014
Name of Federal Candidate TERRI LYNN LAND		Support	Office Sought: House District: 00
Calendar Year-To-Date Per Election for Office Sought		Oppose 123341.59	President Senate State: MI Disbursement For: Primary General 2014
Full Name of Payee	, , ,		Other (specify) ▶ Date of Public Distribution/Dissemination
AFSCME for Michigan Mailing Address 1625 L Street, NW			10 19 / 2014
City	State	Zip Code	Amount 4.55
Washington Purpose of Expenditure	DC	20036	Transaction ID : D553051 Date of Disbursement or Obligation
Inkind Staff Travel		Category/ Type 002	10 19 / 2014
Name of Federal Candidate GARY PETERS		Support Oppose	Office Sought: House District: 00 President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		123341.59	Disbursement For:
(a) SUBTOTAL of Itemized Independent Experience	enditures		309.09
(b) SUBTOTAL of Unitemized Independent E	xpenditures		·
(c) TOTAL Independent Expenditures			>
	candidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	10 20 7 2014

Schedule E)	- /(1	1101120		PA FO	GE 19 OF 21 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					TIFICATION NUMBER ▼
Workers' Voice					484287
C) I I V CA I COM MARCHE C 40 hours report	Z Name was	· Amanda ran	tilaal on	M = M / D	- D / Y - Y - Y - Y
	X New rep	ort Amends rep	ort filed on		
Full Name of Payee AFSCME for Michigan			Da		stribution/Dissemination
Mailing Address 1625 L Street, NW			An	nount	
City	tate	Zip Code			231.16
Washington	DC	20036		nsaction ID: I te of Disburser	D553054 nent or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	_		19 / 2014
Name of Federal Candidate		X Support	Office So	ught: H	louse District: 00
GARY PETERS		Oppose			senate State: MI
Calendar Year-To-Date Per Election for Office Sought	1	123341.59	Disbursen 2014	nent For: Other (specify	Primary
Full Name of Payee AFSCME for Michigan Mailing Address 1625 Street NW			Da		stribution/Dissemination
Malling Address 1625 L Street, NW			An	nount	
City	tate	Zip Code			1.11
	DC	20036		nsaction ID : D te of Disburser	553057 ment or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002		10 /	19 / 2014
Name of Federal Candidate		Support	Office So	ught: F	louse District: 00
TERRI LYNN LAND		X Oppose			Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		123341.59	Disburser 2014	nent For: Other (specify	Primary
(a) SUBTOTAL of Itemized Independent Expenditures			•		232.27
(b) SUBTOTAL of Unitemized Independent Expenditures	3		>	7	
(c) TOTAL Independent Expenditures			··· • [7
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	or authorized				
Ms. Elizabeth H Shuler	[Electron	nically Filed] Dat	te 10	20	2014
Signature		_			

	FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Workers' Voice	C C00484287		
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y		
Full Name of Payee	Date of Public Distribution/Dissemination		
AFSCME for Michigan	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1625 L Street, NW	Amount		
City State Zip Code	231.16		
Washington DC 20036	Transaction ID : D553058 Date of Disbursement or Obligation		
Purpose of Expenditure InKind Staff Category/ Type 001	10 19 / 2014		
Name of Federal Candidate Support Office	Sought: House District: 00		
TERRI LYNN LAND Oppose	President State: MI		
Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Primary X General Other (specify) ▶		
Full Name of Payee	Date of Public Distribution/Dissemination		
AFSCME for Michigan	10 19 2014		
Mailing Address 1625 L Street, NW	Amount		
City State Zip Code	105.20		
Washington DC 20036	Transaction ID : D553060 Date of Disbursement or Obligation		
Purpose of Expenditure Inkind Staff Travel Category/ Type 002	10 19 2014		
Name of Federal Candidate Support Office	Sought: House District: 00		
GARY PETERS Oppose	President State: MI		
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	orsement For: Primary		
(a) SUBTOTAL of Itemized Independent Expenditures	336.36		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.			
Ms. Elizabeth H Shuler [Electronically Filed] Date 1	0 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature			

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	FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Workers' Voice	C C00484287		
Check if Z 24-hour report 48-hour report New report Amends report filed of	on Mam / Dad / Yayayay		
Full Name of Payee	Date of Public Distribution/Dissemination		
Great Lakes Regional Organizing Committee/LIUNA General Treasury	10 19 2014		
Mailing Address 8770 Bryn Mawr Ave, #1212	Amount		
City State Zip Code	49.70		
Chicago IL 60631	Transaction ID : D553076 Date of Disbursement or Obligation		
Purpose of Expenditure InKind Staff Category/ Type 001	10 19 2014		
Name of Federal Candidate Support Office	Sought: House District: 00		
TERRITYNNIAND	President State: MI		
Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For: Primary X General		
	Other (specify)		
Full Name of Payee Great Lakes Regional Organizing Committee/LIUNA General Treasury	Date of Public Distribution/Dissemination		
Mailing Address 8770 Bryn Mawr Ave, #1212	Amount		
City State Zip Code	49.70		
	Fransaction ID : D553079		
Purpose of Expenditure InKind Staff Category/ Type 001	Date of Disbursement or Obligation M 10 19 2014		
Name of Federal Candidate Support Office	Sought: House District: 00		
CARY RETERO	President State: MI		
Calendar Year-To-Date Per Election for Office Sought Disbur 2014	sement For:		
(a) SUBTOTAL of Itemized Independent Expenditures	99.40		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	6532.93		
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.			
Ms. Elizabeth H Shuler [Electronically Filed] Date 10	M / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature			

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